AMENDMENT TRANSMITTAL LETTER						Docket No. 5486-0196PUS1	
Application No.		Filing Date Examiner			Art Unit		
10/700,995-Conf. #5612		November 4, 2003 T. A. Vu		T. A. Vu	2193		
oplicant(s): Chri	stopher HAHN						
vention: CATEG	ORY PARTIT	IONING MAR	(UP LANGUA	AGE AI	ND TOOLS		
S Amendment ommissioner for O. Box 1450 exandria, VA 223 ransmitted here	313-1450 with is an ame				olication.		
he fee has beer	calculated an						
	Claims	Highest	S AS AMEN	DED			
	Remaining After Amendment	Number Previously Paid	Number Extra Claims Present		Rate		
Total Claims	20	- 21 =	0	×	50.00		0.00
Independent Claims	4	- 4 =	0	×	200.00		0.00
Multiple Depend	lent Claims (ch	eck if applicabl	e)				
Other fee (please specify): Extension for response within second month						450.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						450.00	
x Large Entity				П	Small Entity		
No additiona	al fee is require	d for this ame	ndment.	_			
X Please char	•			n the a	mount of \$	450.00	
	copy of this she			i tile a	IIIOGIII OI Ψ _		
A check in the	ne amount of \$		is enclo	sed.			
	credit card. Fo						
Payment by	ia harahu auth	orized to char	ge and credit	Depos	it Account No	02-244	8
⊣ ,,							
X The Director	below. A dup	licate copy of	this sheet is	enclose		··	
X The Director as described			this sheet is	enclose			
X The Director as described X Credit as	d below. A dup	nt.			ed.		nd 1.17.
X The Director as described X Credit as	d below. A dup ny overpaymer any additional fil	nt.	n processing		ed. quired under 3	7 CFR 1.16 ar	
The Director as described	d below. A dup ny overpaymer any additional fil Comme ter	nt. ing or applicatio	n processing		ed.	7 CFR 1.16 ar	